

**Marie-Ann Greenberg, Esquire
Chapter 13 Standing Trustee**

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30 TWO BRIDGES ROAD
SUITE 330
FAIRFIELD, NJ 07004-1550

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November 22, 2022

For Payments Only:

PO BOX 520
MEMPHIS, TN 38101-0520

**Re: Standing Trustee's Notice of Distribution
Case No: 22-11477**

On April 22, 2022 the above-referenced case was confirmed. Subsequently, all of the creditors and attorney fees, if any, were set up on our database so that we can commence distribution to the parties in the near future.

Attached is a case report for your review. IT IS YOUR RESPONSIBILITY to review this report and ensure that you are in agreement with the information contained on the report. We strongly suggest that you compare this report against the claims registry and docket. If you are not in agreement, you need to notify us in writing within five (5) days of the docketing of this information and/or file the appropriate motion with the court.

A copy of the Chapter 13 Standing Trustee's Policies regarding Proofs of Claim may be found on our website at <http://www.magtrustee.com>.

Marie-Ann Greenberg, Trustee
30 TWO BRIDGES ROAD
SUITE 330
FAIRFIELD, NJ 07004-1550

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF NEW JERSEY**

TRUSTEE'S REPORT OF RECEIPTS AND DISBURSEMENTS AS OF NOVEMBER 22, 2022

Chapter 13 Case # 22-11477

Atty: RUSSELL L LOW ESQ
Re: KEITH KLOZA
5 WADSWORTH STREET
WALLINGTON, NJ 07057

PLEASE SEE SUMMARY SECTION FOR ESTIMATED BALANCE TO COMPLETE.

NOTE: THIS IS A BASE PLAN IN THE AMOUNT OF \$30,000.00

RECEIPTS (Please Read Across)

Date	Amount	Source Document No.	Date	Amount	Source Document No.
03/23/2022	\$500.00	8357494000	04/12/2022	\$500.00	8398909000
05/23/2022	\$500.00	8478973000	06/20/2022	\$500.00	8536278000
07/15/2022	\$500.00	8590443000	08/19/2022	\$500.00	8657885000
09/16/2022	\$500.00	8711361000	10/14/2022	\$500.00	8767196000
11/18/2022	\$500.00	8834832000			
Total Receipts: \$4,500.00 - Amount Refunded to Debtor: \$0.00 = Receipts Applied to Plan: \$4,500.00					

CLAIMS AND DISTRIBUTIONS

Claim #	Claimant Name	Class	Allowed Claim	Percent to be Paid	Paid	Unpaid Balance *
TTE	TRUSTEE COMPENSATION	ADMIN			177.50	
ATTY	ATTORNEY	ADMIN	4,750.00	100.00%	3,850.00	900.00
COURT	CLERK OF COURT	ADMIN	0.00	100.00%	0.00	0.00
0001	ALLY CAPITAL	VEHICLE SECURE	0.00	100.00%	0.00	
0002	CITI/CBNA	UNSECURED	0.00	*	0.00	
0003	CITIBANK/SEARS	UNSECURED	0.00	*	0.00	
0004	CAVALRY SPV I LLC	UNSECURED	0.00	*	0.00	
0006	DISCOVER FINANCIAL	UNSECURED	0.00	*	0.00	
0008	GREATER ALLIANCE FEDERAL CREDIT U	UNSECURED	0.00	*	0.00	
0009	HACKENSACK UNIVERSITY MEDICAL CF	UNSECURED	1,112.24	*	0.00	
0011	LVNV FUNDING, LLC	UNSECURED	0.00	*	0.00	
0012	PNC BANK	MORTGAGE ARRI	0.00	100.00%	0.00	
0013	REGIONAL ACCEPTANCE CORPORATION	VEHICLE SECURE	0.00	100.00%	0.00	
0014	LVNV FUNDING LLC	UNSECURED	1,033.80	*	0.00	
0015	SHELL CARD/CITI	UNSECURED	0.00	*	0.00	
0019	WALLINGTON TAX COLLECTOR	SECURED	0.00	100.00%	0.00	
0021	LVNV FUNDING LLC	UNSECURED	762.10	*	0.00	
0022	HACKENSACK UNIVERSITY MEDICAL CF	UNSECURED	72.90	*	0.00	
0023	HACKENSACK UNIVERSITY MEDICAL CF	UNSECURED	72.90	*	0.00	
0024	HACKENSACK UNIVERSITY MEDICAL CF	UNSECURED	51.82	*	0.00	

Claim #	Claimant Name	Class	Allowed Claim	Percent to be Paid	Paid	Unpaid Balance *
0025	HACKENSACK UNIVERSITY MEDICAL CF	UNSECURED	124.72	*	0.00	
0026	HACKENSACK UNIVERSITY MEDICAL CF	UNSECURED	124.72	*	0.00	
0027	HACKENSACK UNIVERSITY MEDICAL CF	UNSECURED	85.56	*	0.00	
0028	HACKENSACK UNIVERSITY MEDICAL CF	UNSECURED	505.26	*	0.00	
0029	HACKENSACK UNIVERSITY MEDICAL CF	UNSECURED	505.26	*	0.00	
0030	HACKENSACK UNIVERSITY MEDICAL CF	UNSECURED	85.56	*	0.00	
0031	HACKENSACK UNIVERSITY MEDICAL CF	UNSECURED	85.56	*	0.00	
0032	HACKENSACK UNIVERSITY MEDICAL CF	UNSECURED	164.83	*	0.00	
0033	HACKENSACK UNIVERSITY MEDICAL CF	UNSECURED	51.82	*	0.00	
0034	HACKENSACK UNIVERSITY MEDICAL CF	UNSECURED	164.63	*	0.00	
0035	HACKENSACK UNIVERSITY MEDICAL CF	UNSECURED	124.72	*	0.00	
0036	HACKENSACK UNIVERSITY MEDICAL CF	UNSECURED	51.82	*	0.00	
0037	HACKENSACK UNIVERSITY MEDICAL CF	UNSECURED	267.35	*	0.00	
0038	HACKENSACK UNIVERSITY MEDICAL CF	UNSECURED	396.82	*	0.00	
0039	HACKENSACK UNIVERSITY MEDICAL CF	UNSECURED	85.56	*	0.00	
0040	HACKENSACK UNIVERSITY MEDICAL CF	UNSECURED	130.89	*	0.00	
0041	HACKENSACK UNIVERSITY MEDICAL CF	UNSECURED	164.63	*	0.00	
0042	HACKENSACK UNIVERSITY MEDICAL CF	UNSECURED	130.89	*	0.00	
0043	HACKENSACK UNIVERSITY MEDICAL CF	UNSECURED	505.26	*	0.00	
0044	HACKENSACK UNIVERSITY MEDICAL CF	UNSECURED	392.82	*	0.00	
0045	HACKENSACK UNIVERSITY MEDICAL CF	UNSECURED	98.94	*	0.00	
0046	HACKENSACK UNIVERSITY MEDICAL CF	UNSECURED	775.00	*	0.00	
0047	HACKENSACK UNIVERSITY MEDICAL CF	UNSECURED	381.49	*	0.00	
0048	HACKENSACK UNIVERSITY MEDICAL CF	UNSECURED	130.89	*	0.00	
0049	HACKENSACK UNIVERSITY MEDICAL CF	UNSECURED	130.89	*	0.00	
0050	HACKENSACK UNIVERSITY MEDICAL CF	UNSECURED	392.82	*	0.00	
0051	HACKENSACK UNIVERSITY MEDICAL CF	UNSECURED	1,803.36	*	0.00	
0052	CORPUS CHRISTI SCHOOL	UNSECURED	4,120.50	*	0.00	
0053	ALLIANT CAPITAL MANAGEMENT HDH	UNSECURED	1,063.95	*	0.00	

Total Paid: \$4,027.50

See Summary

LIST OF PAYMENTS TO CLAIMS (Please Read Across)

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SUMMARY

Summary of all receipts and disbursements from the date the case was filed , to and including: November 22, 2022.

Receipts: \$4,500.00 - Paid to Claims: \$0.00 - Admin Costs Paid: \$4,027.50 = Funds on Hand: \$472.50

Base Plan Amount: \$30,000.00 - Receipts: \$4,500.00 = Total Unpaid Balance: **\$25,500.00

****NOTE:** THIS IS AN APPROXIMATE BALANCE. ADDITIONAL ALLOWED CLAIMS AND OTHER VARIABLES MAY AFFECT THE AMOUNT TO COMPLETE THE PLAN.